



General Assembly

February Session, 2016

Raised Bill No. 5379

LCO No. 1690



Referred to Committee on AGING

Introduced by:
(AGE)

***AN ACT CONCERNING REMOVAL OF OBSOLETE PROVISIONS
FROM THE CHOICES HEALTH INSURANCE ASSISTANCE PROGRAM
STATUTE.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 17a-314 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2016*):

3 (a) As used in this section:

4 (1) "CHOICES" means Connecticut's programs for health insurance
5 assistance, outreach, information and referral, counseling and
6 eligibility screening; and

7 (2) "CHOICES health insurance assistance program" means the
8 federally recognized state health insurance assistance program funded
9 pursuant to P.L. 101-508 and administered by the Department on
10 Aging, in conjunction with the area agencies on aging and the Center
11 for Medicare Advocacy, that provides free information and assistance
12 related to health insurance issues and concerns of older persons and
13 other Medicare beneficiaries in Connecticut. [*and*]

14 [(3) "Medicare organization" means any corporate entity or other
15 organization or group that contracts with the federal Centers for
16 Medicare and Medicaid Services to serve as a Medicare health plan
17 organization to provide health care services to Medicare beneficiaries
18 in this state as an alternative to the traditional Medicare fee-for-service
19 plan.]

20 (b) The Department on Aging shall administer the CHOICES health
21 insurance assistance program, which shall be a comprehensive
22 Medicare advocacy program that provides assistance to Connecticut
23 residents who are Medicare beneficiaries.

24 (c) The program shall provide: (1) Toll-free telephone access for
25 consumers to obtain advice and information on Medicare benefits,
26 including prescription drug benefits available through the Medicare
27 Part D program, the Medicare appeals process, health insurance
28 matters applicable to Medicare beneficiaries and long-term care
29 options available in the state at least five days per week during normal
30 business hours; (2) information, advice and representation, where
31 appropriate, concerning the Medicare appeals process, by a qualified
32 attorney or paralegal at least five days per week during normal
33 business hours; (3) information through appropriate means and
34 format, including written materials, to Medicare beneficiaries, their
35 families, senior citizens and organizations regarding Medicare
36 benefits, including prescription drug benefits available through
37 Medicare Part D and other pharmaceutical drug company programs
38 and long-term care options available in the state; (4) information
39 concerning Medicare plans and services, private insurance policies and
40 federal and state-funded programs that are available to beneficiaries to
41 supplement Medicare coverage; (5) information permitting Medicare
42 beneficiaries to compare and evaluate their options for delivery of
43 Medicare and supplemental insurance services; (6) information
44 concerning the procedure to appeal a denial of care and the procedure
45 to request an expedited appeal of a denial of care; and (7) any other
46 information the program or the Commissioner on Aging deems

47 relevant to Medicare beneficiaries.

48 (d) The Commissioner on Aging may include any additional
49 functions necessary to conform to federal grant requirements.

50 [(e) The Insurance Commissioner, in cooperation with, or on behalf
51 of, the Commissioner on Aging, may require each Medicare
52 organization to: (1) Annually submit to the Insurance Commissioner
53 any data, reports or information relevant to plan beneficiaries; and (2)
54 at any other times at which changes occur, submit information to the
55 Insurance Commissioner concerning current benefits, services or costs
56 to plan beneficiaries. Such information may include information
57 required under section 38a-478c.

58 (f) Each Medicare organization that fails to file the annual data,
59 reports or information requested pursuant to subsection (e) of this
60 section shall pay a late fee of one hundred dollars per day for each day
61 from the due date of such data, reports or information to the date of
62 filing. Each Medicare organization that files incomplete annual data,
63 reports or information shall be so informed by the Insurance
64 Commissioner, shall be given a date by which to remedy such
65 incomplete filing and shall pay said late fee commencing from the new
66 due date.

67 (g) Not later than June 1, 2001, and annually thereafter, the
68 Insurance Commissioner, in conjunction with the Healthcare
69 Advocate, shall submit a list, in accordance with the provisions of
70 section 11-4a, to the Governor and to the joint standing committees of
71 the General Assembly having cognizance of matters relating to aging,
72 human services and insurance, of those Medicare organizations that
73 have failed to file any data, reports or information requested pursuant
74 to subsection (e) of this section.]

75 [(h)] (e) All hospitals, as defined in section 19a-490, which treat
76 persons covered by Medicare Part A shall: (1) Notify incoming patients
77 covered by Medicare of the availability of the services established

78 pursuant to subsection (c) of this section, (2) post or cause to be posted
79 in a conspicuous place therein the toll-free number established
80 pursuant to subsection (c) of this section, and (3) provide each
81 Medicare patient with the toll-free number and information on how to
82 access the CHOICES program.

83 [(i)] (f) The Commissioner on Aging may adopt regulations, in
84 accordance with chapter 54, as necessary to implement the provisions
85 of this section.

This act shall take effect as follows and shall amend the following sections:		
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Section 1	<i>October 1, 2016</i>	17a-314
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Statement of Purpose:

To remove obsolete references to Medicare organizations and oversight of such organizations.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]